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ES ENGINEERING-SCIENCE

**TWC Screening Site Inspection
Report
Denton County Sanitation
Argyle, Denton County, Texas
TXD 980750558 X-Ref in SA Vol. I**

Prepared for

**Texas Water Commission
Austin, Texas**

July 1991

AU2761S

SUPERFUND FILE

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REORGANIZED

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TWC Screening Site Inspection Report
Denton County Sanitation
Argyle, Denton County, Texas
TXD 980750558

Prepared for
Texas Water Commission
Austin, Texas

Prepared by
Engineering-Science, Inc.
Austin, Texas

July 1991

SCREENING SITE INSPECTION REPORT
DENTON COUNTY SANITATION
ARGYLE, DENTON COUNTY, TEXAS
TXD 980750558

INTRODUCTION

This report describes the screening site inspection (SSI) activities conducted by Engineering-Science (ES) at the Denton County Sanitation (DCS) site in Argyle, Texas (TXD 980750558). These activities were designed to fulfill the requirements for an SSI in the preremedial stage of the Superfund process.

SITE DESCRIPTION AND HISTORY

The site is located at 1018 Frenchtown Road in Argyle, Texas. This location is the residence of Ricky Perry. Denton County Sanitation was a trash hauling service operated by Mr. Perry. According to Mr. Perry, DCS was a one-man operation. Mr. Perry would collect trash from residential areas and haul the trash to a municipal landfill. He dumped at both the City of Denton and City of Lewisville landfills. No operations were conducted at the site other than truck maintenance. Mr. Perry also stated that the site was never used as a dumping area.

Mr. Perry operated as DCS until 1973. At that time, he sold out his routes to Dependable Trash Service of Argyle, Texas. Dependable Trash Service was acquired by EPI in 1989. Mr. Perry now operates a company called Southwestern Equipment. This company sells and maintains farm and trash hauling equipment.

Dan Kelmar and Julie Burdey of ES visited the site on June 25, 1991. A drive-by reconnaissance revealed the presence of fifteen to twenty vehicles on the property. The mailbox stated "Southwest Disposal, Ricky Perry." There was no evidence of a dump area on the property.

SUMMARY OF PREVIOUS WORK

A preliminary assessment (PA) of DCS was conducted in 1980 by Ecology and Environment, Inc. The PA recommended that no action be taken at this site. This conclusion was repeated in both the EPA "Tentative Disposition" and the EPA

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"Final Strategy Determination." Both documents, completed in 1981, concluded that no action was needed at the site. Copies of the EPA documents are attached.

CONCLUSIONS

This site has not been used as a dumping area. A review of the records and a drive-by visit to the site yielded no evidence of any sources or potential sources of hazardous waste or materials. It is recommended that no further action be taken at this site.

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Attachment

EPA Documents

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TEXAS DEPARTMENT OF HEALTH

POTENTIAL HAZARDOUS WASTE SITE

FINAL STRATEGY DETERMINATION

Form 7020-100 is the original Hazardous Waste Log Form and is used by the U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force, Office of Solid Waste Administration, DDC, Washington, D.C. 20460.

RECD ON 12/20/81
6 TXO 2992
00000000

A. SITE NAME	B. SITE IDENTIFICATION		
Denton County Sanitation Argyle	TX	E. ZIP CODE	
D. CITY			
Indicate the recommended actions that should be initiated by marking "X" in the appropriate boxes.			
RECOMMENDATION			
ACTION AGENCY			
A. NO ACTION NEEDED	X	STATE	FED. PRIVATE
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE			
C. REMEDIAL ACTION (If Yes, Complete Section C)			
D. ENFORCEMENT ACTION (If Yes, Indicate in Part E whether the case will be primarily handled by the EPA or the TDEC and analyze type of enforcement action to be taken.)			
E. RATIONALE FOR FINAL STRATEGY DETERMINATION			
Denton County Sanitation Sold out to Dependable Trash Service, Argyle, Tx. Dependable Trash Service Services private residences on municipal type waste,			
F. IF A SITE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (M/D/YR & YY)		G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (M/D/YR & YY)	
NA		NA	
H. PREPARED BY (SIGNATURE)		I. TELEPHONE NUMBER	
JAVIN J. VANDRIE, P.E.		(817) 460 3032 2-13-81	
III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE			
List all remedial actions, such as excavation, removal, etc., to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the items below. Provide an estimate of the approximate cost of the remedy.			
A. REMEDIAL ACTION		B. COST (MATERIAL, LABOR)	
NA			
		S	
		S	
		S	
		S	
		S	
		S	
		S	
C. TOTAL ESTIMATED COST			
EPA FORM 7020-100 (10/74)			

REVIEWED BY (SIGN)

DATE

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Continued From Prior

IV. REMEDIAL ACTIONS

A. SHORT TERM EMERGENCY ACTIONS (On Site and Off-Site). List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE End Date (no day, month, year)	3. ACTION START DATE End Date (no day, month, year)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST \$	6. SPECIFY 311 OR OTHER ACTION. INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
NA				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site). List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE End Date (no day, month, year)	3. ACTION START DATE End Date (no day, month, year)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST \$	6. SPECIFY 311 OR OTHER ACTION. INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
NA				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN-HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
EPA	NA	
STATE		\$
PRIVATE PARTIES		\$
OTHER (Specify)		\$

EPA Form T2070-5 (10-79) REVERSE

1/24/80
George L. Brown Jr.

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DEPARTMENT OF HEALTH

**POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT**

		REGION	SITE NUMBER
		6	TEX92992- 3
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.			
GENERAL INSTRUCTIONS: Complete Sections I and III through X, as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste File. File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-33), 401 M St., SW, Washington, DC 20460.			
A. SITE NAME <i>Denton County Sanitation</i>		B. SITE IDENTIFICATION 1. STREET (or other identifier) <i>Argyle</i>	
C. CITY <i>Argyle</i>		D. STATE <i>TX</i>	E. ZIP CODE <i>76226</i>
F. OWNER/OPERATOR (if known) 1. NAME <i>Picky Perry (No longer in Operation)</i>		G. COUNTY NAME <i>Denton</i>	
H. TYPE OF OWNERSHIP <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN		I. TELEPHONE NUMBER <i>(817) 464-3322</i>	
J. SITE DESCRIPTION <i>Former trash and collection service in SW Denton County and SE Wise County. Went out of business several years ago. Dependable Trash Service, Argyle, TX, took over. Mr. Perry now works for Dependable Trash Service.</i>			
K. HOW IDENTIFIED (by whom, if known; OSHA criteria, etc.) <i>Texas Pollution Report</i>			
L. DATE IDENTIFIED <i>10/10/81</i>			
M. PRINCIPAL STATE CONTACT 1. NAME <i>Irvin J. Turner, P.C.</i>			
N. TELEPHONE NUMBER <i>(817) 460-3022</i>			
O. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			
P. ACCOMMODATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (if needed) <input type="checkbox"/> 2. SITE INSPECTION NEEDED a. TEMPORARILY SCHEDULED FOR <input type="checkbox"/> 3. WILL BE PERFORMED BY			
Q. IMMEDIATE SITE INSPECTION NEEDED a. TEMPORARILY SCHEDULED FOR <input type="checkbox"/> b. WILL BE PERFORMED BY			
R. SITE INSPECTION NEEDED (if needed)			
S. PREPARED INFORMATION 1. NAME <i>Irvin J. Turner, P.C.</i>			
T. TELEPHONE NUMBER <i>(817) 460-3022</i>			
U. DATE MOVED & PH. <i>2-13-81</i>			
V. SITE STATUS 1. ACTIVE (those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequent.)		W. INACTIVE (those sites which no longer receive wastes) 2. OTHER (specify) <i>Sold out to Dependable Trash Service, Argyle, TX and now works for them</i>	
X. IS GENERATION ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify)		Y. ZONES (specify community & high/low SOC codes)	
Z. AREA OF SITE (in acres)		C. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec) 2. LONG. (deg-min-sec)	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify)		F. COMMENTS	

PREPARED BY (FACID)

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CHARACTERIZATION OF SITE ACTIVITIES				
Indicate the major site activities and details relating to each activity by marking "X" in the appropriate boxes.				
A. TRANSPORTED	B. STORED	C. TREATED	D. DISPOSED	
1. AIR	1. IN	1. FILTRATION	1. LANDFILL	
2. LAND	2. OUT	2. INCINERATION	2. LANDFILL	
3. WATER	3. SURFACE MUNICIPAL	3. VOLUME REDUCTION	3. OIL + DUMP	
4. GROUND	4. CHEMICALS	4. RECYCLING/RECOVERY	4. SURFACE MUNICIPAL	
5. OIL	5. TANK ABOVE GROUND	5. CHEMICALS/TREATMENT	5. MIDNIGHT DUMPING	
6. FUEL	6. TANK BELOW GROUND	6. BIOLOGICAL TREATMENT	6. INCINERATION	
7. OTHER	7. OTHER	7. PASTE/OIL REPROCESSING	7. UNDERGROUND INJECTION	
		8. SOLVENT RECOVERY	8. OTHER (Specify)	

E. SITE ACTIVITIES AS NEEDED:
No activities under this name. Collection of municipal
solid waste is now done by Dependable Trash Service
Angleton, Tx. Mr. Perry now works for Dependable Trash Service.

V. WASTE RELATED INFORMATION				
A. WASTE TYPE	B. WASTE CHARACTERISTICS	C. OTHER	D. WASTE CATEGORIES	E. WASTE SOURCE
1. UNKNOWN	2. LIQUID	3. SOLID	4. SLUDGE	5. GAS
6. UNKNOWN	7. CORROSIVE	8. IGNITABLE	9. RADIOACTIVE	10. HIGHLY VOLATILE
4. TOXIC	5. REACTIVE	6. INERT	7. FLAMMABLE	
11. OTHER (Specify)				
12. WASTE CATEGORIES				
13. LIST OF WASTES AVAILABLE: Specify items such as industrial, institutional, etc. below.				
2. Estimate the amounts/specify unit of measure for waste by category, mark "X" to indicate which wastes are present.				
A. SLUDGE		B. OIL	C. SOLVENTS	D. CHEMICALS
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT
E. OTHER		F. SOLIDS	G. LIQUIDS	H. OTHER
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT
1. OIL				
2. SOLVENTS				
3. CHEMICALS				
4. SOLIDS				
5. LIQUIDS				
6. OTHER				
7. HAZARDOUS				
8. INERT				
9. FLAMMABLE				
10. EXPLOSIVE				
11. CORROSIVE				
12. INSTITUTIONAL				
13. INDUSTRIAL				
14. COMMERCIAL				
15. RESIDENTIAL				
16. OTHER (Specify)				

EPA Form 7040-2 (12-73)

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Continue On Page 3

Continued from page 2

V. WASTE RELATED INFORMATION (continued)

1. LIST OF SITES OR LOCATIONS OF GREATEST CONCERN WHICH MAY BE ON THE SITE place in descending order of hazard

B. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE:
The Company serviced residences in SE Wise Co. and SW Denton Co. Now out of business with Dependable Trash Service buying out Denton County Sanitation.

A. TYPE OF HAZARD	B. POTENTIAL HAZARD RANK	C. ALLEGED INCIDENT DATE (MM/DD/YY)	D. DATE OF INCIDENT (MM/DD/YY)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				NO hazardous waste problem known.
3. NONHUMAN INJURY/EXPOSURE				
4. MONKEY INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FIRE/HULL				
11. CONTAMINATION OF AIR				
12. NOT EXHAUSTIBLE				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILL/LEAKING CONTAINERS/PUNCTURED/STANDING LIQUIDS				
17. SEVERE STORM/DRIVE PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER(SPECIFY)				

EPA Form TR0101 (Rev. 1/81)

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THIS SITE			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (Specify)	None
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (Specify)			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> UNKNOWN	
C. WITH RESPECT TO (list regulation name & number)			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (Complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Month, Year, & Day)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
IX. INSPECTION ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (Complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Month, Year, & Day)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (Complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (Month, Year, & Day)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

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POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (ENJ33), 401 M St., SW, Washington, DC 20460.

		REGION/STATE NUMBER IL IX02992			
A. SITE NAME DECATUR COUNTY SANITATION	I. SITE IDENTIFICATION PO BOX 963	II. STREET PO BOX 963			
C. CITY ARGO	D. STATE IL	E. ZIP CODE 76226			
III. TENTATIVE DISPOSITION Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.					
RECOMMENDATION					
A. NO ACTION NEEDED - NO HAZARD	MARSH	ERIA	STATE	DEA	IMMEDIATE
B. INVESTIGATIVE ACTION NEEDED (If yes, complete Section III.)	<input checked="" type="checkbox"/>				
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)	<input type="checkbox"/>				
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part C whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)	<input type="checkbox"/>				
C. RATIONALE FOR DISPOSITION TRASH HAULER THAT HAS GONE OUT OF BUSINESS					
E. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (Mo., Day, & Yr.) 1-28-81			F. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (Mo., Day, & Yr.) 1/19		
G. PREPARED BY INFORMATION RUSSELL BARTLEY			H. TELEPHONE NUMBER 214 767-3274		
I. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION NOTE			J. DATE (Mo., Day, & Yr.) 1-25-81		
K. PROPOSED INVESTIGATIVE ACTIVITY: DETAILED INFORMATION					
L. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	M. SCHEDULED DATE (Mo., Day, & Yr.)	N. TO BE PERFORMED BY (ERIA, City, State, etc.)	O. ESTIMATED MANHOURS	P. REMARKS	
1. TYPE OF SITE INSPECTION					
2.					
3.					
4. TYPE OF MONITORING					
5.					
6. TYPE OF SAMPLING					

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III. INVESTIGATIVE ACTIVITY NEEDED AND PART BY PROPOSED INVESTIGATIVE ACTIVITY (Continued)

1. TYPE OF INVESTIGATION	2. INVESTIGATIVE ACTIVITY
1.	
2.	
3.	
4.	

ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART III (a) & (b)(4)s AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

IV. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	3. ACTION AGENCY	4. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
EPA		STATE	
EPA CONTRACTOR	4. OTHER (Specify)		

IV. REMEDIAL ACTIONS

A. SHORT TERM EMERGENCY STRATEGY (On Site & Off-Site). List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (Indicate Month, Year)	3. EST. END DATE (Indicate Month, Year)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site). List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (Indicate Month, Year)	3. EST. END DATE (Indicate Month, Year)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. ESTIMATED MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	4. ACTION AGENCY	5. ESTIMATED MANHOURS FOR REMEDIAL ACTIVITIES	6. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
EPA			STATE		
PRIVATE PARTIES			OTHER (SPECIFY)		

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V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard)				
None				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (MARK X)	C. ALLEGED INCIDENT (MARK X)	D. DATE OF INCIDENT (Month/Year)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/UNDRAINED/STANDING LIQUIDS				
17. SEWER, STORM, CHAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (SPECIFY)				

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ITEMS FROM PART																										
VII. PERMIT INFORMATION																										
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. N/A																										
<table border="0"><tr><td><input type="checkbox"/> 1. NPDES PERMIT</td><td><input type="checkbox"/> 2. ECO PLAN</td><td><input type="checkbox"/> 3. STATE PERMIT(s) _____</td></tr><tr><td><input type="checkbox"/> 4. AIR PERMITS</td><td><input type="checkbox"/> 5. LOCAL PERMIT</td><td><input type="checkbox"/> 6. RCRA TRANSPORTER _____</td></tr><tr><td><input type="checkbox"/> 7. RCRA STORER</td><td><input type="checkbox"/> 8. RCRA TREATER</td><td><input type="checkbox"/> 9. RCRA DISPOSER</td></tr></table>			<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. ECO PLAN	<input type="checkbox"/> 3. STATE PERMIT(s) _____	<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER _____	<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER															
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. ECO PLAN	<input type="checkbox"/> 3. STATE PERMIT(s) _____																								
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER _____																								
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER																								
D. OTHER (Specify)																										
B. IN COMPLIANCE																										
<table border="0"><tr><td><input type="checkbox"/> 1. YES</td><td><input type="checkbox"/> 2. NO</td><td><input type="checkbox"/> 3. UNKNOWN N/A</td></tr></table>			<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN N/A																					
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN N/A																								
C. WITH RESPECT TO Other regulation name & number																										
VIII. PAST REGULATORY ACTIONS																										
<table border="0"><tr><td><input type="checkbox"/> A. NONE</td><td><input type="checkbox"/> B. YES (numerous below) N/A</td></tr></table>			<input type="checkbox"/> A. NONE	<input type="checkbox"/> B. YES (numerous below) N/A																						
<input type="checkbox"/> A. NONE	<input type="checkbox"/> B. YES (numerous below) N/A																									
IX. INSPECTION ACTIVITY (past or ongoing)																										
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NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.																										

EPA Form 12070-2 (10-79)

PART A OF 4

8/1/80 Contacted TCEQ District, they suggested contact with State Health Department as site is probably a landfill.

8/1/80 Called Clark, Benson, Tex. Dept. Health, Solid Waste Management Div., question of whose jurisdiction.

11/19/80 Called Argyle information. No listing for company.

11/19/80 Called Denton City landfill. No knowledge of Denton County Sanitation.

11/19/80 Called Robert Ross at Texas Air Control Board. He believes Denton County Sanitation to be a defunct trash hauling company.

12/3/80 Called Argyle Post Office and spoke to Mr. Brown. He said P.O. Box is no longer in service, that Denton County Sanitation was a trash hauler which went out of business some time ago.